

EXHIBIT A

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	Agency(ies) Charge No(s): 530-2019-03191
<p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p> <p>Philadelphia Commission On Human Relations and EEOC <i>State or local Agency, if any</i></p>			
<p>Name (indicate Mr., Ms., Mrs.) Ms. Donna R. Hudnell</p> <p>Street Address City, State and ZIP Code</p>		<p>Home Phone (Incl. Area Code)</p> <p>Date of Birth 1961</p>	
<p>Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)</p>			
<p>Name THOMAS JEFFERSON UNIVERSITY HOSPITAL</p> <p>Street Address 833 Chestnut Street, Philadelphia, PA 19107</p>		<p>No. Employees, Members 500 or More</p>	<p>Phone No. (Include Area Code)</p>
<p>Name</p> <p>Street Address</p>		<p>No. Employees, Members</p>	<p>Phone No. (Include Area Code)</p>
<p>DISCRIMINATION BASED ON (Check appropriate box(es).)</p> <p><input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) City, State and ZIP Code</p>			
<p>DATE(S) DISCRIMINATION TOOK PLACE</p> <p>Earliest 04-01-2015 Latest 10-15-2019</p> <p><input type="checkbox"/> CONTINUING ACTION</p>			
<p>THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):</p> <p>In 2014, I began employment with Respondent as a temporary employee through a staffing agency. In April of 2015, after a year of employment as a temporary employee, I applied for the Security Analyst I position; however, I was not interviewed or selected. I was eventually hired as a permanent employee as a Security Analyst I in 2016. I requested a reasonable accommodation of reducing my work hours to 20 hours per week due to my disability and related future scheduled surgery. Soon after my return to work, I was given a drug screening test. During the appointment for the testing, I gave the test administrator my medical marijuana card and prescription for other prescribed pain medication. The administrator noted that the card had expired in August of 2019. I advised that I had an appointment scheduled with my physician to renew my card. On or about 10/16/19, I was notified that I was discharged. The reason given for the discharge was for failing the drug test.</p>			
<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p> <p>I declare under penalty of perjury that the above is true and correct.</p> <p><i>10/25/2019 Donna Hudnell</i> Date Charging Party Signature</p>		<p>NOTARY – When necessary for State and Local Agency Requirements</p> <p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>	

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		<input checked="" type="checkbox"/> EEOC	530-2019-03191
Philadelphia Commission On Human Relations		and EEOC	
State or local Agency, if any			

I allege I was discriminated against because of my race (black) and/or color in violation of Title VII of the Civil Rights Act of 1964, as amended, and/or due to my disability and/or record of a disability and/or in retaliation for requesting a disability based accommodation and in violation of the Americans with Disabilities Act of 1990, as amended, in that I was not selected for a permanent position as noted above, I was discipline in April of 2019, Respondent failed to engage in the interactive discussion with me per as required by the ADA and I was discharged. Kate Wojowski was selected for the position noted above in April of 2015 although she had no prior relevant experience and had not previously worked for Respondent. In contrast, I had been working for Respondent in the position for which I applied for a year as a temporary employee. James [REDACTED] (white) was given an opportunity to attend a rehabilitation program after testing positive for an illegal drug(s). In contrast to Mr [REDACTED], I was not given an opportunity to submit my renewed medical marijuana card prior to being discharged. The renewed medical marijuana card was not allowed to be submitted to Respondent within a few days of the drug test Respondent administered and I requested a grievance to be returned to work. I have not been returned to work and have not received a response to Respondent regarding my submission of the renewed medical card and my request to return to work. Respondent failed to engage in the interactive discussion with me as required by the ADA regarding my drug test results as related to my disability and failed to allow me to provide updated medical documentation prior to discharged me. I was legally allowed to use marijuana for medical use in August up until the expiration date. Marijuana remains in a person's system for up to 90 days. The day I was drug tested by Respondent was well within 90 days of the expiration of the drug test, thus, the test indicated a positive result for marijuana.

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I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT
10/25/2019 Date	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
Charging Party Signature	